

3519

Registered No.....
(For use of Local Registrar)

Registration District No. Registered No.
(For use of Local Registrar)

(No. St.; Ward

r institution, give name of same instead of street and number.)

unrel Jackson If child is not yet named, make supplemental report as directed

number in 1 (9) Are Parents *hs* (7) DATE OF *3/1/88*

Order of birth <i>1</i>	Parents Married? <i>Yes</i>	BIRTH <i>Feb 3</i> , 19 <i>22</i> (Name of Month) (Day) (Year)
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MOTHER.

(14) NAME BEFORE MARRIAGE *Lucy P. ...*

(18) OFFENSE _____

(15) PRESENT POSTOFFICE OF MOTHER *W. H. Smith S. P.*

12 (16) COLOR (17) AGE AT LAST 78

OR RACE *Col* BIRTHDAY *1-8*
(Years) (Year)

(18) BIRTHPLACE

Chas. Conner

(19) OCCUPATION: _____

Labores

(21) Number of children of this mother 1 4-1-

now living, including present birth

ACQUAINTANCE, PHYSICIAN, OR ACQUAINTANCE

ATTENDING PHYSICIAN OR MIDWIFE: *Alive* at 3 1/2 am

(Born alive or stillborn) (Hour A. M. or P. M.)

(Signature) Kenneth V. Cross

State whether Physician or Midwife Midwife Address of Physician or Midwife Green Island

1887

(26) Witness W. A. Almon
(Signature of Witness necessary only)

when question 23 is signed by mark)

(27) Filed 19 .. (28) *W. H. Marvin*

midwife, then the father, householder, etc., should make this return.

not be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.



(The following information was obtained from the above-mentioned source.)

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